



VOLUNTEER APPLICATION AND REGISTRATION

Be sure to fill out the volunteer application in full. Failure to do so may result in its return to you and will delay the application process. <i>Print or type</i>				Department Use	
				Date received:	
				Location:	
Last name		First	Middle	Maiden name or other name(s)	
Address			City	State	Zip code
Home phone		Cell phone		Other phone	
Employer/school address			City	State	Zip code
Email address (Required)			Occupation/Major		
ID CARD AND SECURITY CLEARANCE INFORMATION					
Birthdate (m/d/y)		Age	Race		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
ID Type		ID Number		Last 4 SSN	
EMERGENCY NOTIFICATION INFORMATION					
Last name		First		Relationship	
Home phone		Cell phone		Other way to contact	
MEDICAL ALERT INFORMATION					
Do you have any allergies or medical conditions that may cause a medical alert? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List the allergy or medical condition if you wish to disclose the information:					
INTEREST					
What is your interest in volunteering with the Department of Corrections for: (Check one or more)					
<input type="checkbox"/> Public service		<input type="checkbox"/> Future employment		<input type="checkbox"/> Internship	
COMPLETE IF DRIVING WILL BE PART OF THE VOLUNTEER'S ACTIVITY					
Valid driver's license number			State	Expiration date	
Vehicle liability coverage insurer				Expiration date	
ASSIGNMENT PREFERENCE					
Individual Volunteer			Group Volunteer		
<input type="checkbox"/>	Employee assistance		<input type="checkbox"/>	Religious program/group name:	
<input type="checkbox"/>	Support/clerical		<input type="checkbox"/>	Family program/group name:	
<input type="checkbox"/>	Academic/vocational		<input type="checkbox"/>	Other program/group name:	
<input type="checkbox"/>	Health services		<input type="checkbox"/>		
<input type="checkbox"/>	Family program		<input type="checkbox"/>		
<input type="checkbox"/>	*Professional services		<input type="checkbox"/>		
* If you are applying to provide a professional service (e.g., legal, medical), please cite your credentials, such as certification, license, etc. Attach copies of license or certification.					

When would you be able to provide volunteer services?

On call Regularly Su M T W Th F for ____ days/month
From _____ (time) to _____
Beginning _____ (date) until _____

APPLICATION QUESTIONS

Do you have a relationship (e.g., parent, spouse, friend) with or are you on the visiting list of any individual currently in Department custody and/or supervision? No Yes

If yes, explain the nature of the relationship, give the name of the person, DOC number, and assigned location.

Have you ever been incarcerated or on community supervision? No Yes

If yes, explain the nature of the incarceration and/or supervision and provide the dates and locations. Attach a criminal history report in lieu of the detailed description. *Note: Omissions may be cause for termination or denial.*

Are you currently volunteering at any other correctional agency? No Yes

If yes, agency name: _____ Supervisor: _____

Do you have any special knowledge about the criminal justice system or this assignment that you gained through education or experience? **If yes**, list by date, giving the name of your supervisor or instructor, their phone number, and a brief description of your prior work experience.

Date	Supervisor/instructor	Phone number

Prior work experience:

How do you feel the Department of Corrections can help individuals change their pattern of criminal and/or violent behavior?

Provide a brief summary of your interests and desired outcome as a volunteer with the Department of Corrections. (What do you see as your role?)

What location(s) would you prefer to volunteer? Be sure to indicate what facility/prison or field office if known, or county/city.

Provide two adult references not related to you.

Name	Phone number		
Address	City	State	Zip code
Email			
Name	Phone number		
Address	City	State	Zip code
Email			

Qualified applicants receive consideration without discrimination based on marital status, race, color, creed, national origin, age, or the presence of a non-service related handicap.

Please read carefully before you sign this application. In signing, you agree to the following conditions and requirements as a volunteer. False statements on this application will be sufficient cause for termination.

- Be 18 years of age or older and submit proof of age, if required.
- Submit proof of credentials when providing professional services.
- Be fingerprinted, if required.
- Be in possession of a valid driver's license, if required.
- Meet attendance and performance commitments.
- Receive no monetary compensation for your services, except as provided for selected programs and services.
- Complete mandatory volunteer orientation and site-specific orientation, and other training as required.
- Conform to other Department policies, regulations, and instructions.
- Not be on supervision with any correctional agency and supply additional information, if requested, for FBI and National Criminal History Records Checks.

These forms must be completed and submitted with the application:

- DOC 03-031 Criminal Disclosure
- DOC 05-370 Request for Criminal History Record Information WASIS/NCIC III Check NCIC/WACIC Check
- DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure

Applicant signature Date

Volunteer Specialist Signature Date

FOR DEPARTMENT USE		
Application screened by	Title	Date
Orientation conducted by	Title	Date
Proof of identity shown date	Method of proof	
Reference check results, if applicable		
Security check results	Date	System used
Fingerprinted (if accessing files of those under Department jurisdiction)		Date
Proof of professional credentials submitted		Date
Applicant approved by	Title	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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